Striving for Health Equity through Integration
Integration Progress To Date

1989
ALTCS/EPD 29,200

2013
CRS 17,000

2014
SMI Maricopa 18,000

2015
SMI Greater AZ 17,000

2016
AIHP/TRBHA 80,000
GMH/SA Duals 80,000

2018
GMH/SA Adults & Non CMDP Children
Approximately 1.5 million

2019
ALTCS/DDD 35,000
2018 Integration: AHCCCS Complete Care

• A HUGE step to integrate healthcare in a single ACC Health Plan that:
  o Includes physical and behavioral healthcare service providers (including CRS – 18k)
  o Manages the provider network for all healthcare services
  o Provides comprehensive managed care for the whole person
Integration at all 3 Levels

- Individuals with SMI
  - Oct 2018: ACC/AIHP - 1.5M Children/Adults
  - Oct 2019: ALTCS DD (including all SMI)

- 2015: ADHS/BHS joins AHCCCS

Integrated Clinics for medical and behavioral

Health Plans
- RHAs
- TRBHAs

AHCCCS
Arizona Health Care Cost Containment System
AHCCCS Care Delivery System
January 1, 2020

Fee for Service System
(AHCCCS Administered)

- American Indian Health Program
  (physical, behavioral, CRS)
- Federal Emergency Services
  (FES)
- Tribal ALTCS IGAs
  (case management only)
  - TRBHA IGA
    - Colorado River
    - Gila River
    - Navajo Nation
    - Pascua Yaqui
    - White Mountain Apache Tribe

Regional Behavioral Health Authorities*

- Arizona Complete Health
- Mercy Care
- Health Choice Arizona

AHCCCS Complete Care
(physical, behavioral health and CRS services)

- Arizona Complete Health
- Banner University Family Care
- Care1st
- Magellan Complete Care
- Mercy Care
- Health Choice Arizona
- UnitedHealthcare Community

Arizona Long Term Care System
ALTCS – E/PD and DDU
(physical, behavioral health, long term care services)

- Banner University Family Care
- Mercy Care
- ADES/DDD**
- UnitedHealthcare Community Plan
- UnitedHealthcare Community Plan

*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) that are not enrolled with ADES/DDD and carved out behavioral health services for foster care children enrolled with the Department of Child Safety.

**ADES/DDD subcontractors to provide physical health, behavioral health, and limited LTSS services including: nursing facility, emergency alert, and habilitative physical health therapy for members age 21 and over. ADES/DDD to provide all other LTSS as well as a fee-for-service AHP program for American Indian members.
Initiatives to Increase Access to Behavioral Health Services
Incentives for Providers and Workforce Supporting Integration

• Targeted Investments Program
  o $300M in provider incentives over 5 years
  o Practice transformation structure and resources
  o Focus on building, supporting, and advancing integrated care along the SAMHSA Integration Framework
  o Concentration on care coordination for high risk members

• Allowed for care management at providers
Targeted Investments - Justice Colocated Clinics

- 13 co-located (with probation/parole), integrated health clinics statewide to serve probationers/parolees.
- Services include on-site MAT, physical, behavioral, employment support, support for food insecurity, housing and forensic peer and family support.
Workforce Incentives on Tribal Lands

• Difficult to reach land with added expense and significant need for provider workforce
• Rate increase to a provider through a DAP to all business (claim and encounter with AHCCCS across all AZ)
Opioid Use Disorder

- AHCCCS is contracted with 57 of the 61 AZ licensed Opioid Treatment Programs
- All OTPs are successfully utilizing approve telehealth options
- 6 24/7 Outpatient Treatment Program sites statewide:
  - Provide 24/7 crisis stabilization
  - 2 sites stabilize and provide a warm handoff
  - 4 sites offer full range of care
- AHCCCS completed and submitted its application for the second year of the State Opioid Response May 19th.
Peer and Family Support

• Career paths for peer support and family support
  o 6861 have PRSS credentials to date (over approximately 7 years)
  o PRSS working as peer supports is around 1000
• Requirements for Office of Individual and Family Affairs at medicaid level as well as plan level
• Requirement for Peer and Family Run Organizations
Peer Career Academy

trainers and students
trained by the peer and
family career academy

Hope and Healing in the Opioid Use Crisis
Realizing the impact of Peer and Family Support

Forensic Peer & Family Support
Breaking Down the Barriers

Supervising Peer and Family Support
Reaching Extraordinary Outcomes
Other Behavioral Health Workforce Drivers

• Behavioral Health in Schools (POS 03)
  o More than 80 providers statewide are now providing services in schools
  o More than 16,000 Arizona students have received services on campus
  o Ongoing opportunity to partner with schools

• Crisis Services
  o Mobile, Telephonic and Crisis Response Units
  o Utilization of peer and family support

• Justice Reach-In
  o Encouraging engagement in services post incarceration as well as job support
Policy and Contract
Policy and Contract Requirements

1. Behavioral Health Outpatient and Integrated Clinic, Adult
2. Behavioral Health Outpatient and Integrated Clinic, Pediatric
3. Behavioral Health Residential Facility
Policy and Contract Requirements

- Maintain and operational infrastructure for workforce policy management
- Workforce Development Plan and Implementation Progress Report
- Monitor Provider Workforce Development Activities
- Data and Provider Technical Assistance
Expansion of Telehealth

10-1-19 Policy Changes:

- Broadening of POS allowable for distant and originating sites (including home)
- Broadening of coverage for telemedicine (real time, remote patient monitoring) and asynchronous
- No rural vs. metro limitations
- MCOs retain their ability to manage network and leverage telehealth strategies as they determine appropriate
- GT modifier required for real time, interactive audio video communications + POS for originating site
Contract Requirements

• Position for a network administrator
• Network development and management plan parameters
• Call out to access to care initiatives
• Minimum requirements (including peer and family run organizations)
• Multiple data sources to monitor
Performance Improvement Projects (PIPs) are designed to achieve and sustain significant improvement in the areas of clinical and non-clinical care, through ongoing measurements and interventions [42 CFR 457.1240(b), 42 CFR 438.330(d) (i)-(iv)]

PIPs involve the following:

• Measurement of performance using objective quality indicators,
• Implementation of interventions to achieve improvement in access to and quality of care,
• Evaluation of the effectiveness of the interventions based on measures collected as part of the PIP, and
• Planning and initiation of PIP activities for increasing or sustaining improvement.
Performance Improvement Projects

PIPs are mandated by AHCCCS; Contractors shall also identify and implement additional PIPs based on self-identified opportunities for improvement

Current AHCCCS-Mandated PIPs include:

- Developmental Screening
- Back to Basics (Child and Adolescent Well-Child/Well-Care Visits, Annual Dental Visits)
- Managed Long Term Care and Supports (Assessment and Care Planning)
Thank You!